

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 4265	Department California Department of Public Health	Priority No.
Budget Request Name 4265-021-BCP-DP-2016-GB		Program 4045032 Family Health	Subprogram

Budget Request Description
Increasing the Enrollment of Children in WIC

Budget Request Summary

The California Department of Public Health (CDPH) requests \$513,000 in federal fund expenditure authority and 4.0 permanent positions to enhance the Women, Infants, and Children (WIC) Division's outreach activities and improve data sharing with the California Department of Social Services' (CDSS) CalFresh Program to increase child enrollment in both programs.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date
For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance. <input type="checkbox"/> FSR <input type="checkbox"/> SPR Project No. Date:		

If proposal affects another department, does other department concur with proposal? ☒ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By <i>cmitchell</i>	Date <i>1/7/16</i>	Reviewed By <i>[Signature]</i>	Date <i>1/7/16</i>
Department Director <i>[Signature]</i>	Date <i>1/7/16</i>	Agency Secretary <i>[Signature]</i>	Date <i>1/7/16</i>

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

BCP Type: ☐ Policy ☒ Workload Budget per Government Code 13308.05

PPBA <i>Barbara J. Jay</i>	Date submitted to the Legislature <i>1/8/2016</i>
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Analysis of Problem

A. Budget Request Summary

The California Department of Public Health (CDPH) requests \$513,000 in federal fund expenditure authority and 4.0 permanent positions to enhance the Women, Infants, and Children (WIC) Division's outreach activities and improve data sharing with the California Department of Social Services' (CDSS) CalFresh Program to increase child enrollment in both programs.

B. Background/History

The WIC program is a federal supplemental nutrition program that provides supplemental food benefits to WIC participants. The food benefits are redeemed as vouchers at WIC authorized food vendors. These vendors provide an economic stimulus in local economies, as well as provide nutritional benefits during critical phases in a child's development. In the long term, the breastfeeding education and supplemental foods address child hunger. Children who are fed adequate and nutritious foods have improved development and have fewer health issues.

The WIC Division operates a \$1.3 billion program serving approximately 1.3 million of California's economically and nutritionally vulnerable residents. The WIC program is not an entitlement program; rather it is fully funded by an annual grant from the U.S. Department of Agriculture. WIC provides nutrition services and food assistance to low-to-moderate income families for pregnant and postpartum women, infants, and children up to their fifth birthday. In addition to the categorical eligibility requirement, participants must be at or below 185 percent of the federal poverty level, and have a nutritional risk. Applicants are deemed adjunctively eligible due to participation in other programs such as Medi-Cal, CalFresh, and California Work Opportunity and Responsibility to Kids (CalWORKS). The WIC program assists families by providing nutrition education, breast feeding support, vouchers to purchase healthy supplemental foods, and referrals to healthcare and other community services.

According to the National Center for Children in Poverty, about 48 percent of California's young children under the age of six live in low-income households. Of the total amount of young children, 23 percent live in households with incomes that are between 100-200 percent of the federal poverty level.ⁱ Food insecurity, defined as a lack of consistent access to adequate food, has been rising among California households with childrenⁱⁱ. In 2001-2002, 11.7 percent of households reported food insecurity, which rose to 15.6 percent of households in 2010-2012.ⁱⁱⁱ Statistically significant findings related to health and food insecurity in children include: lower bone mineral content in adolescent boys, iron deficiency anemia among children, less mental proficiency in toddlers, higher rates of developmental risk, more frequent minor complaints like stomach aches, headaches, and colds, higher hospitalization rates, increased behavioral problems, poorer psychosocial functioning, higher rates of depression and anxiety, lower math achievement and reading gains, and increased risk of repeating a grade level.^{iv}

While California is more successful than any other state in reaching individuals eligible for the WIC program (82 percent in 2012 compared to the national average of 63 percent),^v California's coverage rates vary across participant categories, namely pregnant women, postpartum women, infants, and children. The most recent 2011 California-specific data indicates that while the largest participation category served is children, the child coverage rate is the lowest at 73 percent; coverage for postpartum women is the highest at 91.2 percent, followed by infants at 90.7 percent, and pregnant women at 83.4 percent.^{vi} Applying this 73 percent coverage estimate to the current number of children served results in an estimated 270,000 California children (age 1 year to under 5) eligible for, yet not enrolled in, the WIC program. To date, WIC has been unable to close the gap between those who are eligible for services and do not apply, as well as those who have been certified but do not actively receive benefits. WIC data analyses suggest a smaller decline in WIC participants if they were also enrolled in CDSS/CalFresh and/or Medi-Cal. This proposal seeks to increase participation rates by researching and developing data and program linkages.

WIC and CDSS/CalFresh have made a commitment to work together to increase enrollment of children in these programs. The goal is to increase California's coverage rate of eligible children participating in

Analysis of Problem

WIC by five percent, or 48,000 children, and to assist CDSS with increasing their enrollment of children in CalFresh by 400,000 by June 30, 2018.

Resource History
(Dollars in thousands)

Program Budget	2011-12	2012-13	2013-14	2014-15	2015-16
Authorized Expenditures	53,566	53,064	53,860	54,887	55,140
Actual Expenditures	47,034	47,578	49,411	51,120	N/A
Revenues					
Authorized Positions	250.0	232.9	199.0	190.7	187.8
Filled Positions	223.1	210.3	181.6	183.6	N/A
Vacancies	26.9	22.6	17.4	7.1	N/A

C. State Level Considerations

This proposal supports the CDPH Mission, *to optimize the health and well-being of the people in California*, and is consistent with the CDPH Strategic Plan 2014 – 2017, Priority C, *Strengthen Prevention and Control of Disease*.

In addition, this proposal also addresses the California Wellness Plan, Strategy D: *Increase access to healthy foods, beverages, and water, and decrease the presence of unhealthy foods, beverage and tobacco products in multiple sectors*; Strategy H: *Provide individuals, communities, schools, businesses, professionals, institutions, and policy makers with information and tools to make healthy choices*.

This proposal also supports California Health Equity Strategic Plan: *Empower Communities in Inequity and Disparity Reduction Initiatives*.

D. Justification

The 4.0 federally funded permanent positions requested in this proposal will be a team of professionals dedicated to work with counties to improve outreach to child populations, and to improve county WIC administrative processes to lower barriers to application and household retention in the WIC program. By having resources to address participation rates, the WIC program will be able to identify families that have enrolled in either CalFresh or WIC, but not the other; identify families that are enrolled in WIC but no longer actively participate in the program; and, identify barriers that will lead to effective strategies to improve participation.

Linking WIC program data to CalFresh and Medi-Cal data allows WIC to identify children enrolled in CalFresh and Medi-Cal, but not in the WIC program. Once eligible but unserved children are identified through the data matches, data analytics and Geographical Information System (GIS) mapping can identify hot spots of unserved geographical areas for targeted outreach activities. GIS is a software that maps data clusters of high values (hot spots) and low values (cold spots). By using GIS to map the location of children in California, WIC will be able to target outreach efforts to increase participation in hot spots (for example, areas with a high concentration of eligible but unenrolled children) and identify best-practices from cold spots (for example, areas with low concentration of eligible but unenrolled children).

CDPH currently uses ArcGIS Pro software to perform hotspot analyses for other departmental programs. Funding is needed to hire additional staff to perform analyses for WIC.

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Data sharing with CalFresh can identify areas with below-average dual program enrollment and retention rates, as well as monitor and improve inter-program referral rates. CDPH requests 2.0 Research Scientist II (RS II) positions to conduct data linkage and GIS activities to identify children eligible for, but not enrolled in the WIC program, and to collaborate with CalFresh staff in joint data analyses, mapping, and reporting.

Additionally, 2.0 Health Program Specialist I (HPS I) positions are needed to serve as subject matter experts on state public health and social service programs, including, but not limited to, CalFresh, CalWORKS, and Medi-Cal. The HPS Is would provide technical assistance in connecting state level programs, policies, and practices to 84 local agencies that operate 638 clinics for implementation. To promote increased WIC participant enrollment rates and the utilization of WIC program benefits, these positions would connect WIC outreach, policy, and program staff to data generated from the WIC/CalFresh data linkages to identify best practices for referrals, eligibility, and enrollment procedures; serve as Leads in the development and implementation of policy, procedures, and regulations; and act as liaisons with other state programs in collaborative meetings and special projects with external stakeholders.

The WIC program currently serves approximately 73 percent of the WIC-eligible children in California. Two years after implementation of this proposal, CDPH expects to increase the child coverage rate by five percentage points, from 73 percent to 78 percent, representing an additional 48,000 children served.

Additionally, the 4.0 requested positions will ensure WIC has the staffing needed to support CDSS in achieving California's goal of increasing enrollment into the CalFresh program by 400,000 children over the next two years to bring children food security and thus the academic, health, and well-being benefits that food security brings.

Working collaboratively with CDSS will allow WIC to focus on the following key areas to improve participation rates:

1. County-level analysis of CalFresh and WIC program dual-enrollment and retention rates;
2. County-level analysis of inter-program referrals and "warm" hand-off models, both WIC ↔ SNAP and Medi-Cal ↔ WIC, and including connections between each of the program's management information systems; and
3. Targeted outreach and promotion efforts aimed at identified gaps in enrollment (such as pre-schoolers age 2 and up until the 5th birthday).

E. Outcomes and Accountability

WIC compiles data on a monthly basis, including by county and by participant category, and will monitor progress to ensure children coverage goals are met. Upon approval of this BCP, WIC will develop a thorough work plan that will include Specific, Measureable, Achievable, Realistic, and Timely (SMART) objectives, process measures, and outcome measures. This work plan will be monitored by the Directorates of both Departments, as well as the California Health and Human Services Agency.

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Projected Outcomes

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Total Eligible Children*	977,574	957,637	957,637	957,637	957,637	957,637
Increasing Coverage Rate from BCP efforts **	73.00%	74.25%	78.00%	79.00%	80.00%	81.00%
Additional Number of Eligible Children Enrolled in WIC from BCP Efforts Each Year	0	11,970	35,911	9,576	9,576	9,576
Cumulative number of children added over time period shown	0	11,970	47,881	57,457	67,033	76,609
Total Children Participation Projection from BCP Efforts	713,629	711,045	746,957	756,533	766,110	775,686

* Eligible population is calculated from projected participation, assuming a constant 73% coverage rate for children based on Maternal, Child, and Adolescent Health calculations performed in 2011.

** Rate increases 5 percentage points in first two years, reflecting the greatest gains from data linkage and program coordination. Twenty-five percent of this increase will be realized in the first year (BY) due to onboarding/training of staff. Seventy-five percent of this increase will occur in the 2nd year (BY+1) with staff fully trained. It is anticipated the trend will slow and stabilize in future years, as it will be more difficult to enroll additional participants as WIC increases its coverage rate. WIC anticipates a one percentage point increase in ongoing years, requiring more focused analyses and outreach to locate the remaining eligible population, in addition to the efforts needed to retain the existing population.

F. Analysis of All Feasible Alternatives

Alternative 1: Approve 4.0 permanent positions and \$513,000 in federal fund expenditure authority.

Pros:

- Approximately 48,000 additional children will have supplemental nutrition necessary for healthy physical and mental functioning by the end of 2017-18.
- Reducing food insecurity among children will likely lead to improved educational outcomes and improved socioeconomic opportunities.
- All positions will be established within the available federal funds with no increase in General Fund spending.

Cons:

- No known negative impacts if this proposal is approved.

Alternative 2: Redirect 4.0 permanent positions and \$513,000 in federal fund expenditure authority.

Pros:

- Approximately 48,000 additional children will have supplemental nutrition necessary for healthy physical and mental functioning by the end of 2017-18.
- Reducing food insecurity among children will likely lead to improved educational outcomes and improved socioeconomic opportunities.
- All positions will be established within the available federal funding, with no increase in General Fund spending.

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Cons:

- Redirecting positions from within the Department will likely result in other program priorities not being accomplished.

Alternative 3: Do not approve this proposal for positions, but increase federal fund expenditure authority by \$574,000 to use contract staff.

Pros:

- No additional positions are established.

Cons:

- The increase in expenditure authority would still be required for the funding to pay for contract staff.
- The costs are likely to be higher using contract staff.
- Labor union issues will need to be addressed in order to execute a contract for personal services.

Alternative 4: Maintain the status quo.

Pros:

- No additional positions are established.
- No need for additional expenditure authority.

Cons:

- Continued decrease in child enrollment in WIC.
- Failure to decrease the number of children susceptible to food insecurity within households in California.
- Unable to support CDSS in achieving California's goal of increasing enrollment in Cal Fresh by 400,000 children.

G. Implementation Plan

- Recruitment for positions will begin July 2016.
- Health Program Specialists will develop outreach materials and recruitment strategies by October 1, 2016.
- The recruitment and enrollment effort will then be applied in the identified communities of need targeting Head Start and First 5 programs, schools, churches, and other public health service centers starting November 1, 2016.
- Data sharing with both Medi-Cal and CDSS will be used to facilitate cross-program enrollment and tracking, starting November 1, 2016.
- Research Scientists, experienced with large data files and GIS mapping, will identify regions that have the greatest deficit in child enrollment by January 2017.

H. Supplemental Information

Attachment 1: Workload Analysis

I. Recommendation

Approve 4.0 permanent positions and \$513,000 in federal fund expenditure authority.

ⁱ National Center for Children in Poverty. *California Early Childhood Profile for 2013*. Accessed on September 8, 2015. http://www.nccp.org/profiles/pdf/profile_early_childhood_CA.pdf.

ⁱⁱ National Research Council, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Full printed version. Washington, DC: The National Academies Press: 2003.

ⁱⁱⁱ Coleman-Jensen A, Nord M, Singh A. *Household Food Security in the United States in 2012, ER-155*. U.S. Department of Agriculture, Economic Research Service; September 2013.

^{iv} Coleman-Jensen A, McFall W, Nord M. USDA Bulletin: *Food Insecurity in Households with Children: Prevalence, Severity, and Household Characteristics in 2013, EIB-113*. U.S. Department of Agriculture, Economic Research Service; May 2013.

<http://www.ers.usda.gov/publications/eib-economic-information-bulletin/eib113.aspx>.

^v United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. *National and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach, 2012*, Report No. WIC-15-ELIG. Electronic version:

<http://www.fns.usda.gov/sites/default/files/ops/WICEligibles2012-Volume1.pdf>, pg. 37.

^{vi} *State, County and Regional-level Estimates of WIC Eligibles and Program Reach, California 2011*. Sacramento: California Department of Public Health, Center for Family Health; 2015.

BCP Fiscal Detail Sheet

BCP Title: Increasing the Enrollment of Children in WIC

DP Name: 4265-021-BCP-DP-2016-GB

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	4.0	4.0	4.0	4.0	4.0
Total Positions	0.0	4.0	4.0	4.0	4.0	4.0
Salaries and Wages						
Earnings - Permanent	0	284	284	284	284	284
Total Salaries and Wages	\$0	\$284	\$284	\$284	\$284	\$284
Total Staff Benefits	0	139	139	139	139	139
Total Personal Services	\$0	\$423	\$423	\$423	\$423	\$423
Operating Expenses and Equipment						
5301 - General Expense	0	22	14	14	14	14
5302 - Printing	0	7	7	7	7	7
5304 - Communications	0	5	5	5	5	5
5320 - Travel: In-State	0	12	12	12	12	12
5322 - Training	0	1	1	1	1	1
5324 - Facilities Operation	0	42	42	42	42	42
5344 - Consolidated Data Centers	0	1	1	1	1	1
Total Operating Expenses and Equipment	\$0	\$90	\$82	\$82	\$82	\$82
Total Budget Request	\$0	\$513	\$505	\$505	\$505	\$505

Fund Summary

Fund Source - State Operations						
0890 - Federal Trust Fund	0	513	505	505	505	505
Total State Operations Expenditures	\$0	\$513	\$505	\$505	\$505	\$505
Total All Funds	\$0	\$513	\$505	\$505	\$505	\$505

Program Summary

Program Funding						
4045032 - Family Health	0	513	505	505	505	505
Total All Programs	\$0	\$513	\$505	\$505	\$505	\$505

Personal Services Details

		Salary Information								
Positions		Min	Mid	Max	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
5590 - Research Scientist II (Eff. 07-01-2016)					0.0	2.0	2.0	2.0	2.0	2.0
8338 - Hlth Program Spec I (Eff. 07-01-2016)					0.0	2.0	2.0	2.0	2.0	2.0
Total Positions					0.0	4.0	4.0	4.0	4.0	4.0
Salaries and Wages		CY	BY	BY+1	BY+2	BY+3	BY+4			
5590 - Research Scientist II (Eff. 07-01-2016)		0	147	147	147	147	147			
8338 - Hlth Program Spec I (Eff. 07-01-2016)		0	137	137	137	137	137			
Total Salaries and Wages		\$0	\$284	\$284	\$284	\$284	\$284			
Staff Benefits										
5150900 - Staff Benefits - Other		0	139	139	139	139	139			
Total Staff Benefits		\$0	\$139	\$139	\$139	\$139	\$139			
Total Personal Services		\$0	\$423	\$423	\$423	\$423	\$423			

Workload Analysis
Center for Family Health (CFH)
Women, Infants and Children Division

Data Analysis, Research and Evaluation (DARE) Section Research Scientist II, GIS Focus – (1.0)			
Activity	Number of Items	Average Hours per Item	Total Annual Hours
Assists in the development and implementation of evaluation research methods, logic models, needs assessments, data collection instruments, and quality assurance tools to assess the effectiveness and efficiency of WIC outreach, education, and business process change activities.	4	40	160
Gathers, processes and prepares data files for geographical spatial analysis. Applies the principles and concepts of geography and computer mapping to independently investigate, identify, analyze, and process a variety of spatial and non-spatial geographic data. Leads the design, management, and monitoring of analyses for zip code level targeting of activities to improve enrollment, referrals and retention in the WIC and CalFresh programs. Uses complex epidemiologic and statistical research methods and Geographic Information Systems (GIS) software to identify populations, demographics and geographic areas to be targeted for outreach, education and programmatic business process change activities.	20	50	1,000
Designs and develops user-friendly GIS products, including maps, for use by WIC and CalFresh staff to understand, identify and target outreach and education activities, as well as programmatic business process changes, to increase enrollment, referrals and retention.	8	30	240
Collaborates with CalFresh and other WIC research staff to develop and monitor program enrollment, referral and retention performance/outcome measures for both programs. Conducts evaluations to measure enrollment, referral and retention changes based on outreach and education activities, as well as programmatic business process changes.	10	15	150
Prepares reports and gives presentations to WIC and CalFresh program staff to identify areas with below-average dual program enrollment, referrals and low retention rates for targeted outreach and education activities. Provides and explains reports and analyses on results of programmatic activities and changes.	11	20	220
Attends WIC Division, Branch and Section meetings. Completes State- and CDPH-mandated trainings; follows and applies data security and confidentiality requirements and laws.	20	1.5	30
Total hours for workload projected for this classification			1,800
1,800 hours = 1 PY			
Actual number of PYs requested			1.0

**Workload Analysis
Center for Family Health (CFH)
Women, Infants and Children Division**

Data Analysis, Research and Evaluation (DARE) Section Research Scientist II, Data Linkage Focus – (1.0)			
Activity	Number of Items	Average Hours per Item	Total Annual Hours
Obtains, cleans, and structures participant data files from CalFresh, Medi-Cal and WIC to prepare for data linkage. Collaborates with other WIC staff to conduct quality assurance activities on the WIC data. Uses Link Plus, SAS or other appropriate software programs to conduct probabilistic data matches. Prepares and submits Inter-Departmental Data Use Agreements and applications to the California Committee for the Protection of Human Subjects.	9	100	900
Uses complex statistical research methods on the linked data files to identify program enrollment status, referrals and utilization patterns across the three benefit programs (WIC, CalFresh, and Medi-Cal). Identifies demographics, risk factors, other relevant participant characteristics as well as programmatic business processes to inform outreach and education activities to improve enrollment and retention. Identifies characteristics and processes reflecting "best practices" where dual enrollment, referrals and retention are high.	50	10	500
Collaborates with CalFresh and other WIC research staff to develop and monitor program enrollment, referral and retention performance/outcome measures for both programs. Conducts evaluations to measure enrollment, referral and retention changes based on outreach and education activities, as well as programmatic business process changes.	10	15	150
Prepares reports and gives presentations to WIC and CalFresh program staff to identify areas with below-average dual program enrollment, referrals and low retention rates for targeted outreach and education activities. Provides and explains reports and analyses on results of programmatic activities and changes.	11	20	220
Attends WIC Division, Branch and Section meetings. Completes State- and CDPH-mandated trainings; follows and applies data security and confidentiality requirements and laws.	20	1.5	30
Total hours for workload projected for this classification			1,800
1,800 hours = 1 PY			
Actual number of PYs requested			1.0

**Workload Analysis
Center for Family Health (CFH)
Women, Infants and Children Division**

Policy and Planning Branch Health Program Specialist – (2.0)			
Activity	Number of Items	Average Hours per Item	Total Annual Hours
Serves as subject matter expert on other state public health and social service programs that WIC participants may be eligible for, including but not limited to CalFresh, California Department of Education Child Nutrition Programs, CalWORKS, Medi-Cal, the Office of Farm to Fork, etc. Provides consultation and technical assistance to program staff regarding eligibility, enrollment procedures, and functioning of other state public health and social services programs.	18	20	360
Acts as a liaison with other state public health and social service programs that WIC participants may be eligible for. Attends and participates in regular in-person, webinar, and/or conference call meetings with other state public service liaisons.	30	9	270
Develops, maintains, and updates internal and external state public health and social services resource materials to promote increases in WIC participant enrollment and benefit utilization rates and other state public health and social service enrollment rates.	18	20	360
Provides training to educate program staff about other state public health and social services, including eligibility and updates to those programs.	6	45	270
Reviews and analyzes WIC participant enrollment data and develops written reports, correspondence, oral presentations, guidelines, and policies that promote increases in WIC participant enrollment rates and utilization of WIC benefits.	10	27	270
Leads, coordinates, and/or participates in work group assignments that lead to the development, revision, and implementation of policies, procedures, and regulations that promote increases in WIC participant enrollment rates and utilization of WIC benefits.	5	36	180
Perform other special projects as necessary.	9	10	90
Total hours for workload projected for this classification			3,600
1,800 hours = 1 PY			
Actual number of PYs requested			2.0